

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
	<i>[Signature]</i>		09/25/00
FEE DETERMINATION			
O.I.P.E. CLASSIFIER		52750	
FORMALITY REVIEW	<i>[Signature]</i>	11-4-00	
RESPONSE FORMALITY REVIEW	<i>[Signature]</i>	12/2/00	

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 - (Through numeral) ... Canceled A Appeal
 ÷ Restricted O Objected

Claim	Final	Original	Date
1	✓	✓	3/20/03
2	✓	✓	3/20/03
3	✓	✓	3/20/03
4	✓	✓	3/20/03
5	✓	✓	3/20/03
6	✓	✓	3/20/03
7	✓	✓	3/20/03
8	✓	✓	3/20/03
9	✓	✓	3/20/03
10	✓	✓	3/20/03
11	✓	✓	3/20/03
12	✓	✓	3/20/03
13	✓	✓	3/20/03
14	✓	✓	3/20/03
15	✓	✓	3/20/03
16	✓	✓	3/20/03
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18	✓	✓	3/20/03
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions
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